



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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July 22, 2008

Victoria Alexander, Administrator
Steele Memorial Medical Center
P.O. Box 700
Salmon, ID 83467-0700

RE: Steele Memorial Medical Center, provider #131305

Dear Ms. Alexander:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey of Steele Memorial Medical Center, concluded on July 9, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, which states that the facility complies with the Federal requirements at 405.1022(b), and a copy of the State fire safety Statement of Deficiencies form, which states that the facility complies with the Fire Protection Standards of the Rules and Minimum Standards for Hospitals.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208)334-6626.

Sincerely,

ERIC MUNDELL, REHS
Health Facility Surveyor
Facility Fire Safety and Construction Program

EM/lj

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 07/18/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131305	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2008
NAME OF PROVIDER OR SUPPLIER STEELE MEMORIAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 203 S DAISY STREET SALMON, ID 83467		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>The hospital building is a two (2) story, 55,000+ square foot, protected non-combustible structure with a finished basement and mechanical mezzanine above the second floor. The new building was occupied in mid-September 2004 and replaced a structure that has since been demolished. Drawings for the new building were received in the state survey agency in mid-2003 and approved in January 2004. The basement is approximately 10,000 s.f. and houses some mechanical spaces, Materials Management, IT, Engineering, Laundry, medical gasses, etc. The main floor is approximately 23,000 square feet and houses ER, Lab, Radiology, Therapy, Dietary, Meeting Rooms, Medical Records, Administration, and Business Office. The second floor is approximately 17,000 s.f. and houses patient sleeping rooms, OB, Surgery, Pharmacy, and patient care support areas. The mechanical mezzanine is approximately 10,000 square feet and houses HVAC systems. Bearing walls are one (1) hour; floor/ceiling assemblies are one (1) hour; and, interior shafts including stairways are one (1) hour. The building is fully protected throughout by an automatic fire extinguishing system and by a complete addressable fire alarm system. Each floor, including the basement, is provided with smoke barrier partition walls that subdivide each floor (except the mechanical mezzanine) into smoke zones. Two (2) remotely enclosed stairways provide exiting from the basement and second floor with one (1) exiting directly to the exterior. The main floor has three (3) exits directly to grade plus five (5) auxiliary exits directly to grade from designated suites (i.e., radiology, dietary, therapy, ER, administration). Emergency power is supplied by an on-site diesel powered generator with the system designed and</p>	K 000		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	<p>Continued From page 1</p> <p>complying with applicable requirements for a Type 1 EES per NFPA Std 99. Piped in medical gasses include oxygen, nitrous oxide, nitrogen and medical air are provided as well as central vacuum. Each complies with applicable requirements for Level 1 systems per NFPA Std 99.</p> <p>The hospital building was surveyed as a New Health Care Occupancy based upon applicable requirements set forth in the Life Safety Code, 2000 Edition and 42 CFR 482.41.</p> <p>No deficiencies were cited during the fire/life safety survey.</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	K 000			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131305	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 07/10/2008
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B 000	<p>16.03.14 Initial Comments</p> <p>The hospital is a two (2) story (with finished basement), 55,000 square foot, protected non-combustible structure that was completed/occupied in mid-September of 2004. It replaces the existing hospital building that was demolished. The building is fully sprinklered and provided with an addressable fire alarm system. Multiple exits are provided on the main floor; two (2) remotely located enclosed stairways provide exiting from the basement and second floor. Emergency power is supplied by an on-site diesel powered generator.</p> <p>No state deficiencies were cited during the survey.</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	B 000			

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